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THE INEXPRESSIBLE PAIN: A CRITICAL STYLISTIC APPROACH TO GENDERED ILLNESS DISCOURSE

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ABSTRACT

This paper explores how the inexpressible pain of cancer shapes or limits its linguistic expression. To begin with, this paper aims to explore through a critical approach how language strategies are shaped in pain language. Furthermore, it critically examines the contextualization of cancer within a broader context, along with four frames to reveal hidden patterns of ideology. To achieve this aim, Jeffries' (2010) Critical Stylistics: Textual-Conceptual Functions (TCF) is adopted, besides a secondary model that is devoted to analyzing the critical part of the study, namely Murray et al. (2022) The Nine Cancer Frame. Linguistically, certain strategies (i.e., naming and describing, metaphor, and modality) are assigned to analyze the selected data. The five narratives of pain, which form the basis for this paper, are collected from a Facebook support group tailored to cancer patients, namely 'I had cancer', where they share their experiences with cancer and its related pain in narrative form. A qualitative-quantitative research design is adopted to analyze the data under study. The study concludes that language is subject to the complex nature of pain; however, it enables the women patients to reveal their hidden struggle with pain, aspects of gender, and ideologies. Finally, based on the study findings, some recommendations and implications are presented.

KEYWORDS: Disease, Pain, Gender, Critical Stylistics, Illness Discourse.

1. INTRODUCTION

Disease means pain, both physical and psychological pain (Sluka, 2016, p. 18). Chronic disease (i.e., cancer) results in chronic pain (Darnall, 2019, p. 14). Cancer is "a disease of uncontrolled proliferation by transformed cells subject to evolution by natural selection" (Brown et al., 2023, para.1). One of the most dreadful and upsetting signs of cancer is pain. Nearly half of cancer patients do not have appropriate pain management, and an estimated 90% of patients feel at least considerable discomfort at some point during their disease. A cancer patient's life is disturbed by pain, which is always a subjective experience that affects their physical, psychological, social, and spiritual well-being (Braš & Đorđević, 2013, p. 211).

Pain is a phantom that haunts clinical encounters. The primary symptom that prompts patients to seek medical attention is physical suffering, but its subjective and invisible nature frequently obstructs diagnostic and therapeutic procedures. The person in pain must use words to express their subjective feelings because only he/she can sense it (Jung & Bruzzi, 2019, p. 11).

Deep pain can make language expression—or even trying to think of words—void and impossible, leaving the sufferer with nothing to do but scream in pain (Miglio & Stanier, 2022). However, the inexpressibility of pain is communicated linguistically. Thus, this paper aims to unravel the struggle with pain hidden in gendered illness discourse. To go beyond the pain language, certain linguistic devices are scrutinized through the narratives as an entry to nonlinguistic issues, such as ideology. The present study investigates how female patients express their struggle with cancer pain as revealed in their illness discourse, addressing the following research questions:

RQ1: How does cancer pain shape and is shaped by the language of the female patients?

RQ2: What are the underpinning ideological patterns in the narratives of pain?

To achieve this aim, Jeffries' (2010) Critical Stylistics: Textual-Conceptual Functions (TCF) is adopted. This model provides linguistic techniques that are used to communicate suffering and reveal hidden ideological patterns.

To provide valid findings, the study adopts a mixed-methods research design (quantitative and qualitative). First, the linguistic concepts are quantitatively analyzed. Then, the same concepts are qualitatively discussed and interpreted with representative examples. Moreover, non-linguistic aspects of pain are subject to the same procedure.

2. LITERATURE REVIEW

2.1. Pain

In response to physical pain (as pain has both physical and psychological dimensions), the person-in-pain is impelled to seek medical care. However, due to its nature as being invisible, private, and unique, there is a possibility to get access to pain, in a major part, by means of language. That is, this subjective sensation is communicated linguistically (Bourke, 2019, p. 11). Verbal communication –written and spoken– is the pervasive and salient form, but not the only one (Jurecic, 2012, p. 43). Pain has a linguistic dimension as it is verbally described. In this vein, it means that pain is subject to communication -encoding and decoding- via language as one of its modes. Linguistically, verbal avowal is the simplest way to get our pain across as an experience, simply by saying 'I hurt' (Sternbach 1986, p. 5).

2.2. Critical Stylistics

The functionalist interpretation of language has influenced stylistics in a variety of ways. Thus, many contextually and/or ideologically oriented branches of stylistics, like feminist stylistics and critical stylistics, are affected by the functionalist approach because of its emphasis on meaning-making in context (Nørgaard et al., 2010, pp. 25-6). As a new tendency within stylistics, critical stylistics (CS) is highly linked to and inspired by critical linguistics (CL) and critical discourse analysis (CDA). Much of the work of CDA and similarly CL, and then comes CS focus on social-meaning construction through language, drawing on M.A.K Halliday's systematic functional linguistics. In other words, the three trends share one groundbreaking. It is Lesley Jeffries (2010) who integrates CDA with stylistics to what is termed CS, with its heavy emphasis on providing analytical tools necessary to manifest social meaning through language (pp. 11,13).

2.3. Gender

It is more social than a natural concept. Gender is the biological determinism of humans as male vs. female. In so saying, such a nature once being established, a sound footing is put forward to map theories about this complex phenomenon (Holmes, 2007, p.171). Gender and health: Is there a relation between the two concepts? It is inevitably there, and such a relation comprises all gender issues in the areas of health: health care, wellbeing, and suffering (van der Kwaak & Wegelin-Schuringa, 006, p. 13).

2.4. Illness Narratives

Disabilities, illnesses, and injuries are visitors we have never invited into our lives. However, due to physical ailments or other reasons, we can endure illness, feel weak, be handicapped, or experience psychological issues. Being ill or having experienced trauma means needing to turn to others, first and foremost to our parents, relatives, doctors, therapists, and other healthcare providers (Hyden & Brockmeier, 2018, p. 4). Illness calls for stories even in a case where the patients do not want to tell stories. The patient needs to narrate their self-illness. Stories of illness experienced by patients, their relatives, or healthcare providers such as doctors, nurses, and occupational therapists are known as illness narratives (Bülow, 2008, pp. 132, 3). It is defined as the storytelling and accounting techniques that take place in the face of disease (Bury & Monaghan, 2013, p. 81).

3. METHODOLOGY

3.1. Data Collection and Selection

Illness discourse, as a subgenre of medical discourse, is the assigned data for this study. As a justification for its selection, it exposes us "to personal accounts of the journey through illness and treatment, offering us details, emotions, phrasing and imagery from an individual perspective" (López-Gil et al., 2022). Specifically, five publicly shared illness narratives from the Facebook platform within a cancer support community (I had cancer*)* are selected and collected. The selection is centered on the variables of pain and gender. That is, emotionally charged narratives are selected for analysis. Regarding ethical consideration, this study did not seek ethical approval from the online group or the participants. However, all identifying information (e.g., names, age, images, and other personal details) was anonymized.

3.2. Research Design

The study adopts a mixed-method research design combining quantitative and qualitative approaches. Quantitatively, linguistic and non-linguistic concepts are enumerated in frequency tables derived from the narratives. Qualitatively, these concepts are analyzed in-depth with illustrative examples extracted from the narratives.

3.3. The Conceptual Framework

As mentioned, the main model adopted in this paper is Jeffries' (2010) Critical Stylistics: Textual-Conceptual Functions (TCF). Under this framework, certain concepts are analyzed, namely *naming* and *describing, transitivity, modality,* and *metaphor*. This linguistic analysis is conducted at three levels: lexical, syntactic, and semantic. Then, the data is subject to ideological analysis in light of a secondary model dedicated to the critical part of the approach, which is Murray et al. (2022), *The Nine Cancer Frame*. To contextualize cancer, four frames are selected: *personal, social, symbolic,* and *antagonistic*, which meet the linguistic analysis.

4. ANALYSIS AND RESULTS

4.1. Data Analysis

4.1.1. The Linguistic Analysis

This part examines certain linguistic devices (i.e., modality, process types, metaphor) that the female patients employ to narrate their pain. These devices are analyzed under three levels: lexical, syntactic, and semantic.

4.2. Naming And Describing: The Lexical Level

Naming and describing are two concepts related to the noun group and its pre- and post-modification. These two concepts are concerned with the nominal part of the sentence: the noun phrase and the nominal group.

Table 1: The Statistical Distribution of Naming and Describing in the Cancer Narratives

	Cancer	**Cancer Patient**
	Villain, dark mole, skin cancer, the port, terrible burden of cancer, huge weight, my own cancer, the word cancer, stage 2 Melanoma skin cancer, skin cancer, the cancer, my journey, the battel, discolored-dark risen mole, breast cancer, the fight, real sickness, personal experience, accident, my port, horrible ride, skewed path, this road, test, Hodgkin's Lymphoma, this ride, the ride, CANCER, terrifying demon, this demon, antics, game, the process, life-altering disease, stage 4 uterine cancer, constant battle.	Fighter, survivor, conquer, hero, warrior, patient, lucky one, patient, an advocate, sick wife, survivor, Melan skin cancer survivor, new person, fighter, the person before cancer, the new one, this new one, Muslim, cancer survivor, walking zombie, walking pharmacy, oncology, calmer, peaceful, a member of the Swelling Center.
Total	**93 (66.5%)**	**47 (33.5%)**
	140 (100%)	

Table 1 provides a quantitative breakdown of the women's cancer narratives based on the use of two

concepts: naming and describing. The total terms analyzed are (140/100%). Terms related to cancer get a high rank, amounting to (93/66.5%). Conversely, terms related to the patients score (47/33.5%). Looking back at Table 1, the patients use different nouns (e.g., *fighter, survivor, conquer, hero, warrior, patient, lucky one, sick wife*) to name themselves. Cancer is also named by multi-word nouns, pre- and post-modified by certain adjectives (e.g., *villain, dark mole, skin cancer, the port, terrible burden of cancer, huge weight*). The frequent nouns used in their narratives reveal a core commonality: cancer is predominantly named with negative terms, while the self is more often named with positive, empowering terms. This linguistic pattern reflects both the harsh reality of the illness and the strength that patients find in their identities and roles as mothers and caregivers.

Below is a detailed qualitative analysis of these concepts supported by examples extracted from the narratives:

1. "When I was initially diagnosed with **CANCER.**" **(EF4M)**
2. "Did I ask for **breast cancer**?" **(EF1S)**
3. "I was diagnosed with **stage 4 uterine cancer**.' **(EF5O)**

By opening up their narratives, the women patients name their disease by its original name, *cancer,* as in Example 1**.** This nominal part of the sentence (i.e., cancer) is expanded with a pre-modification (s) as in a couple of simple Examples 2-3. The head noun in Example 2 is *cancer*, and it is modified (pre-modified) by another noun, *breast*. In Example 21, the head noun *cancer* is modified by the noun *uterine* in *uterine cancer*, which is further pre-modified by a compound adjective, *stage 4,* describing its sev*e*rity. The construction of these noun phrases determines the nature of cancer. The noun *cancer* is also used as a pre-modification, as in *Cancer PTSD*, specifying the trauma source as *PTSD* caused by cancer.

Back to the patient herself, different nouns are used to name the patient, like: *hero, fighter, survivor, sick wife*, and others.

4. "I am **a new person.** I never thought I would be **a fighter**, determined, and very strong." **(EF1S)**

Here, the woman names herself with another referent, a nominal group, *a new person*. The noun head is *person*, and it is pre-modified by a determiner and one adjective (*new*). Another noun choice made by the woman is *a fighter* being qualified by positive evaluative adjectives (*determined* and *very strong*). Clearly, the second choice is a metaphorical one that has a message to get across. Through such nominal choices, the patient aims to signify transformation in her identity as a new self-identity described in terms of empowerment traits and positivity. She challenges the difficulty of cancer with her inner strength, which is reflected in the new identity.

5. "He sacrificed so much time and promotions at work to be able to take care of his **sick wife**." **(EFK2)**

Another woman names herself by the noun phrase *his sick wife*. To break the phrase down, the noun head is *wife* being modified by a possessive pronoun (his) functioning as a determiner and the adjective *sick*. Such word choice implies a call for care by the wife from her husband as she describes herself in terms of her health state.

4.3. The Syntactic Level

This level is dedicated to examining the two syntactically-based areas: transitivity and modality through the women's cancer narratives. Thus, this analytical stage addresses the question: How do the five women patients construe their lived experience of cancer, as a real-world phenomenon, through grammar, particularly syntax? The syntactic analysis of narrative data is divided into two sections.

4.4. Transitivity

As a linguistic structure, the real-life world phenomenon of cancer and its related pain is examined here at the syntactic level, particularly in terms of transitivity. Transitivity is the grammatical system whereby the world of experience is construed into a manageable set of process types (Lascaratou, 2007, p.38). Pain has a linguistic dimension - transitivity. This data-driven transitivity analysis considers two categories: *process type* and *the voice system*

4.5. Process Type

In terms of process type, transitivity offers a six-part taxonomy of verbs or a manageable set of process types: *material, mental, verbal, behavioral, existential*, and *relational*. This sub-section focuses on the process itself; its type, via applying the Actor-Goal trial to each process. At the beginning of analysis, however, it is important to list all the process types employed by the women patients in their narratives, as shown in Table 2.

Table 2: The Statistical Distribution of Process Types in the Cancer Narratives.

Process Type	Examples	No.	%
Material	Fight, stop, do, diagnose	200	41.1%
Mental	Think, love, realize, feel	63	12.9%
Relational	Is, are, seem, become	202	41.5%
Behavioral	Cry, laugh,	5	1%
Verbal	Say, tell, reply,	15	3.1%
Existential	There is, there are	2	0.4%
Total	**487/100%**		

Quantitatively, Table 2 presents the frequencies and percentages of the six process types used in the women's cancer narratives. It shows a clear prevalence of material and relational process types over other types. By frequencies and percentages, this observed prevalence is further confirmed. Totally, the six types score 487. In order of rank, relational - attributive and identifying - processes are the most frequent, amounting to (202/41.5%). The material process follows closely, amounting to (200/41.1%). Mental process gains the third highest ranks (63/12.9%). Conversely, the least frequent is the existential process type, as it scores 2 counts from the total by its percentage 0.4%, followed by the behavioral process (5/3.1%). Finally, the verbal process has the third-lowest rank, scoring (15/3.1%).

To begin the qualitative analysis through selected examples, the six process types are examined collectively rather than separately, as one example may involve multiple types. The first step involves identifying the three components for each process: the process itself, the participant, and the circumstances, applying the Actor-Goal trial. The second step is an in-depth analysis of these components.

In the example below, a woman suffering from cancer transforms her experience into meaning by means of transitivity - process verb types.

6. "I **fought** every day for my family, my daughter, my husband, my siblings, my friends, and myself. I **wanted** the tumors out so that they wouldn't **grow** for a second longer." **(EF2K)**

This woman construes meanings of struggle, desire, caring, and determination. To construe cancer as a real-world experience, she relies on transitivity to linguistically translate her experience with pain. In Example 6, the first clause *"I fought every……"* is an example of a material process type. It is marked by a material transitive verb *fought* where the patient is the doer of this action of fighting. The participant is realized by the personal pronoun *I* with five participants: "*my family, my friend, my daughter, my husband, myself*" identified as goals; affected positively by the fighting action. Within the same example, another main clause is analyzed in terms of transitivity. The second main clause, *"I wanted the tumors out,"* is a representative example of mental process; a feeling-wish verb type. It is marked by the mental verb *wanted,* expressing the desire of the patient *I* as a senser participant. The phenomenon, the thing that is sensed, is marked by the noun *the tumor*. The woman expresses her wish to get rid of her tumor. In contrast with the material process type, there is no clearly bounded time.

The subordinate clause "*they wouldn't grow for a second longer"* is further analyzed and identified as another material process type, but with a different participant rather than the patient herself. The plural noun *tumors*; its substitutional pronoun *they* is allocated a role of an agent in an intransitive verb; the physical verb *grow*. The last element –circumstances- of time duration is marked by the prepositional adverb of time *"for a second of time."*

The same patient continues to express her internal mental experience using a mental verb.

7. I **didn't understand** that skin cancer **could spread**." **(EF2K)**

In this example, rather than expressing a physical action towards cancer as in Example 6, the woman conveys her stance, focusing on the discomforted state. Two process types are examined in Example 7**.** The main clause, *"I didn't understand…,"* represents a mental process; conversely, the subordinate clause is related to a material process. In terms of transitivity analysis, the main clause is analyzed as *'I'* is a senser in a mental process, particularly a verb of thinking realized by the negative verb phrase *didn't understand.* The thing that is sensed - thought – is the relative clause *"that cancer…"* realized as the phenomenon. To further analyze the relative clause in terms of transitivity, *skin cancer* is pertained a role of an actor in a material process marked by the intransitive verb phrase *could spread.*

Rather than focusing on the action or event, transitivity analysis also reveals the patient's own state of being. The following is a characterized example:

31. "I was **scared** and **nervous** but for some reason **very positive**. My journey was **hard, long, and brutal,** emotionally, physically and I was **terrified** for most of my 10-year battle."

(EF2K)

Here, the woman employs a relational attributive process to articulate her experience in three main ways. First, she expresses her emotional state. Second, she describes the quality of her journey (i.e., cancer). Last, she restates her emotional condition. To apply the triple components, the personal pronoun *I* is a carrier in a relational-attributive process *was,* where the patient shows her emotions, *scared, nervous*, and *very positive* attributes. Using the same process type, her journey with cancer as a carrier is described with specific attributes: *hard, long, and brutal,* further qualified by two qualifiers: *emotionally* and *physically*. Back to herself, she again, as a carrier, indicates her emotional state as being terrified with the temporal circumstance "*for most of my 10 years."* Linguistically, in the context of transitivity, the analysis reveals the experiential and emotional challenges she faces during her cancer journey.

The identifying process, which falls under the heading of relational process, is commonly employed in many cases to characterize their being and identity:

8. "I was like a "walking pharmacy." **(EF4M)**

In the sense of being, here, the woman patient identifies herself metaphorically as a *walking pharmacy*. This implies medical intensity in terms of treatment, transforming her into a person full of pills.

9. *"In 2010 my oncologist **told** me they were trying to turn my weeks into months."* **(EF2K)**

10. "I **cried** all day long." **(EF1S)**

11. "There **are** free classes for yoga, nutrition, meditation, the Healing Journey, Fear of Recurrence." **(EF5O)**

What has been analyzed is summarized in Table 3 alongside the least frequent process types used in the women's cancer narratives.

Table 3: The Analysis of Process Types in the Women's Cancer Narratives.

Examples	Actor	Process	Goal
I **fought** every day for my family, my daughter, my husband, my siblings, my friends, and myself	**Actor:** I	**Material:** fought	**Goal:** my family, friend, daughter, siblings, and myself
I **wanted** the tumors out	**Senser:** I	**Mental:** wanted	Phenomenon: the tumors out
I was scared and nervous, but for some reason very positive.	**Carrier:** I	**Relational attributive:** was	**Attribute:** scared, nervous, positive
I was like a walking pharmacy	**Identified:** *I*	**Relational identifying**: *was*	**Identifier:** *walking pharmacy*
In 2010, my oncologist told me they were trying to turn my weeks into months."	**Sayer:** My oncologist	**Verbal:** told	**Verbiage:** they were trying to…..
There are free classes for yoga, nutrition, meditation, the Healing Journey, and Fear of Recurrence	**Existential:** There are	**Entity:** free classes	
I cried along the day	**Behavior**: I	**Behavioral:** cried	

4.6. The Voice System: Active And Passive

In the context of transitivity, the analysis is set to examine the voice system; active and passive roles assigned to the patient or cancer in the women's narratives. To further explore transitivity, the focus shifts to the participants in the process and their adopted roles in the narratives. Their roles may be either active participants in their case or passive recipients of suffering; passive sufferers of pain. They predominantly adopt an active role. This is manifested and cited by frequencies and percentages listed in Table 4.

Table 4: The Statistical Distribution of Voice System in the Cancer Narratives.

Active Role		Passive Role	
No.	**%**	**No.**	**%**
161	64.4%	89	35.6%
Total	**250/100%**		

Table 4 offers the quantitative analysis of the voice system in the female cancer stories. As with the process types, there is a clear disparity in terms of raw frequencies and percentage of the active voice in proportion to the passive voice. Apart from the participant being activated, the active role in all of the identified narratives is the first in rank, amounting to (161/64.4%). However, the passive voice comes next, scoring the count (89/35.6%).

The women patients use passive forms to linguistically index their lack of agency as an image of passivity towards cancer. To clarify, some illustrative examples are analyzed in this regard.

12. "I **was diagnosed** with stage 4 uterine

cancer." **(EF5O)**

13. "I **was diagnosed** in 2006, with a discolored, dark, risen mole under my left forearm." **(EF2K)**

Two examples (12-13) under one analysis represent one form in the voice system that is passive, where the participant is passively engaged in a process of diagnosis. That is, the real action of diagnosis happens to the patient, yet is not caused by her. The passive structure in the two examples *was diagnosed* with an implied agent (the doctor) being excluded to shed light on the two women patients. Using the passive form here is justified by two points; first, it is a matter of focus on the action but not the agent. Second, the woman patient wants to express her initial state as a passive recipient of the disease.

14. "I **see** people **affected by cancer** are sometimes **victimized**." **(EF1S)**

The main clause in Example 14, *"I see people…."* is in the active form with the patient as the agent in a transitive verb actively constructed by the form *see,* expressing her view about people affected by cancer. In contrast, the subordinate clause *"people affected..."* is analyzed as a passive form marked by the passive structure *"are victimized'* and *"affected by cancer."* Here, cancer functions as the active agent that affects the people, who are in turn portrayed as passive victims. Through this linguistic resource, another woman patient conveys her sense of weakness and surrender in the face of cancer disease

15. "I **was sent** to a surgeon to see if the cancer **had spread** to my lymph nodes. I got regular skin check and kept sunscreen everywhere." **(EF2K)**

The main clause *"I was sent…."* is a non-middle effective clause with the participant (marked by the personal pronoun *I)* who passively underwent the process of sending. The passive structure is *"was sent", an* intransitive verb with two participants: *I* and *a surgeon*. The subordinate clause *"the cancer had spread…"* is analyzed as a non-middle effective clause. The participant is cancer as the active actor of the material verb *spread* in its active structure *"had spread"*. Here, cancer is given an active role.

In another case, a woman patient employs the active voice to refer to cancer, affirming that the disease controls her life and emotions. The following is a characterized example;

16. "**Cancer PTSD killed** me emotionally." **(EF3A)**

The clause in Example. 16 is an effective clause in the voice system with the participant's *cancer PTSD* as an active actor in the material process realized by the verb *killed.* The second participant, the passive participant, is marked by the possessive pronoun *me*.

17. "I **love** that I can **figh**t for a better life." **(EF1S)**

18. "I **fought** every day for my family." **(EF2K)**

The last two examples represent the active roles of the patient with three process verbs. To analyze, the patient is the active actor in two material process types, *fought* and *can fight,* exemplifying her active role. In Example 18**,** the patient adopts a proactive role in a process of fighting, viewing the transformation in her state as being ready to fight cancer instead of being a passive recipient and sufferer of it as appeared in earlier examples. Example 17 also represents an example of the active voice with one participant; the patient herself is activated as an agent in the mental process marked by the mental verb *love*. The subordinate clause is a non-middle clause, and the patient is the active actor in the material process of fighting, marked by its active structure *'can fight'.*

To conclude, the previous analysis gives a hint of a clear transformation in the women's narratives in terms of the voice system, as there is a transparent transformation from passive to active gradually. They begin with passive voice as passive recipients of the disease, passive sufferers of cancer-related pain, and passively engaged in cancer-related issues. By proceeding, the patients turn to use the active form in narrating their real-world experience. At the end of her illness narrative, this transfer is clarified by their roles, being presented as a proactive agent. Conversely, the reverse is right for cancer as it is given an active role; a proactive role at the beginning; yet, then, it comes to adopt a passive role; a loss of agency.

4.7. Modality

The narratorial point of view, as a toolkit of critical stylistics, and modality, as a linguistic system, are intertwined in this analytical stage. In the realm of linguistic research, the point of view and modality are highly related. People in pain, ex-patients, or patients under treatment tend to express their personal perspectives on their lived experiences with cancer. In its simplest form, modality means a point of view or attitude. In the study analysis, Simpson's framework of modality (1993), namely *a modal grammar of point of view*, is adopted. To clarify, the five women patients express their attitudes, beliefs, desires, and degrees of certainty regarding the world of cancer and its related outcomes through modality. And this is examined in this sub-section under four modality types: *deontic, boulomaic, epistemic*, and

dynamic. **The four types are pinned down in Table 5:**

Table 5: The Statistical Distribution of Modality in the Cancer Narratives.

Modality Subtypes	Linguistic Indicator	No.	%
Epistemic	Think, may, might, believe	85	44.7%
Deontic	Have to, necessary, should	31	16/3%
Boulomaic	Wish, in hope, need	31	16.3%
Dynamic	Couldn't, capable of, would have	43	22.6%
Total	**190/100%**		

The proportion of modality types in the women's cancer narratives is tabulated in Table 5. Items classified as deontic and boulomaic subtypes of modality each occur 31(16.3%) times. The most frequently used, as Table 5 shows, is epistemic modality, scoring the high rank by its count (85/44.7%). Dynamic modality is intermediate in order; it amounts to (43/22.6%).

Consider how the personal stance of one-woman patient towards cancer and its related pain is conveyed by modality;

19. "People experiencing cancer or some other life-threatening illness **may have** similar feelings such as anxiety, extreme worry or sleepless nights at the beginning stages of their disease." **(EF4M)**

In the example above, a woman expresses a potential view concerning the possible negative feelings (such as *anxiety, extreme worry, or sleepless nights*) that may be associated with cancer.

The interpretation of the modal meaning is epistemic in the case of Example 19. Linguistically, the phrase '*may have*' signals an epistemic subtype of modality, conveying possibility rather than certainty. That is, the epistemic meaning here reflects a weak certainty along a spectrum of certainty.

20. "Mine didn't react the way I **wish it could** have. I felt abandoned and like I **couldn't** fight anymore. **(EF1S)**

The modal meanings in Example 20 are boulomaic, epistemic, and dynamic in the same order. What is possible and what is desired are expressed in the first clause. The main verb of desire '*wish'*, in the first clause, indicates the woman's desirability for a different action. In a hypothetical sense, the patient uses epistemic modality marked by the modal auxiliary verb *could* in the phrase *could have*. It is further analyzed as having another subtype of modality that is of hypothetical possibility marked by the modal auxiliary verb *could*. The second clause is analyzed as dynamic modality realized by the negative form of the modal auxiliary *couldn't*. The patient uses the dynamic subtype of modality in its negative sense to explain her inability to fight against cancer.

4.8. The Semantic Level: Metaphor

This sub-section examines how and why the women patients communicate their cancer experience figuratively through metaphor. Cancer, as a life-altering disease, and its related pain are difficult to talk about; it is difficult to verbalize this complex experience. To put it systematically, a step-by-step analysis – quantitative and qualitative analysis, respectively – is put forth. The quantitative stage categorizes metaphors into broad categories (e.g., war and journey metaphors) and then further into subcategories (e.g., path, invasion), listing their frequencies and percentages below in Table 6.

Table 6: The Statistical Distribution of the Categories of Metaphors in the Cancer Narratives.

Main Category (Source Domain)	Subcategories (Target Domain)	No.	%
War and Violence	Fight, fighter, battle, hero, fought, advocate, battled, invasion, warrior, attack, swirl violent, struggles, courage, panic attack, hit, attack, mild panic attack, panic attack.	13	15.3
Journey	Experience, way, path, last journey of life, my journey, horrific ride, ride crashed, accident, this point,	16	18.8
Transformation and Education	Test, lesson, taught, advocate, rebirth, surviving death, course, to learn, life test, lessons, new me, new person,	13	15.3
De-humanizing: Personification	Non-human entity, villain, word cancer, many files, terrifying demo, demon, walking pharmacy, walking zombie.	8	9.4
Ontological: Container	My cancer, my port, bottled up inside, part of me, inside me, a tumor showed up in my arm, in my heart, embrace the experience, my world blew up,	18	21.2

Emotional	Emotional death, emotion stuck, feeling eat me, emotional destroying, emotional roller coaster, my mind feels crazy, mentally victimized, stalked, sunken into the depression.	17	20
Total	**85/100%**		

Table 6 presents the metaphors employed by the women patients to conceptualize cancer in its entirety according to the identified categories. By using this lexical communicational tool, the women patients translate their disease experience as they do not have words for it. The war or militaristic category is the primary source domain in the women's narratives. Any metaphorical category and its items can be expressed in metaphorical words, phrases, or sentences. Therefore, all three levels are taken into account. To go through Table 6, there are metaphors realized by a single word (i.e., verb, noun, or adjective) as in *evil, hero, attack*, or by a phrase like *the fetal position, laying out the stones, emotionally destroying*, and last by a full sentence like "*cancer killed me.*" Among all the narratives, a significant percentage is pertained to war metaphor.

After stating the (sub)categories of metaphor applied in the narratives, illustrative examples are given and analyzed qualitatively along three stages. Methodologically, critical metaphor analysis (CMA) proceeds in three stages – 'identification', 'interpretation', and 'explanation' (Charteris-Black, 2004). First, the **identification** stage means to find metaphor keywords or expressions. Second, the **interpretation** stage aims to identify the conceptual metaphors, linking the metaphor keywords to the conceptual metaphors, in Lakoff's term **source** and **target**. Last is the **explanation** stage, which is dedicated to elaborating the specific function that the identified metaphor has performed.

21. "Being a **hero** when faced with a **villain.**" **EF2K)**

22. "I **battled** for them and my family." **(EF3A)**

"Emotionally, the effects of this **ride** had me **walking dazed** along a **skewed path." (EF3A)**

Table 7: An Analysis of Metaphor in the Cancer Narratives.

Identification Stage	Interpretation Stage	Explanation Stage
Hero	Patient	Naming and clarifying
Villain	Cancer	Naming and clarifying
Battled	Struggle with cancer	Empowering
Ride, skewed path	Cancer	Descriptive
Walking dazed	Patient	Comparison

Table 7 breaks down the metaphors found in the three mentioned examples into source, target, and mappings, according to the three stages of analysis. To follow a well-established identification stage, the metaphor keywords are: *hero, villain, ride, skewed path, walking dazed,* and *battled*. To elaborate on the classification that appeared in Table 7, Example 21 contains two metaphors: *hero* and *villain*. Since the identification stage is dedicated to identifying the linguistic metaphor as a word, phrase, or sentence, the noun *hero* is the linguistic metaphor from the source domain of war. Applying the interpretation stage, the metaphor keyword is interpreted as a reference to the patient herself being the hero in this specific struggle. She attempts to empower herself in the face of cancer, which is metaphorically described by the noun *villain*. To name the salient features of the metaphor being transferred to the target source, here the patient herself, according to Merriam-Webster medical dictionary (n.d.), the meaning of hero is "one who shows great courage." The source domain for the cancer metaphor is *villain*. Its literal meaning is "a character in a story or play who opposes the hero." Its target source is the disease cancer, regarding it as an enemy. To sum up, here, the patient explains her personal struggle with the cancer disease. To justify, due to the shared concepts between her as a patient and the hero being both in a struggle against an invader or enemy. Further, the linguistic metaphor of villain has been chosen since cancer is considered a bad person or evil. The conceptualization of the patient as a hero in a given struggle, namely, the struggle with cancer, provides a clear role for the participants in this scenario since cancer has been given the role of the villain as opposition to the hero.

The evaluation or explanation stage has to do with the function of metaphor. The two identified metaphors performed one function that is of naming and description, used to show empowering and disempowering for the patient and cancer, respectively.

The person with cancer in Example 22 sets a hypothetical scenario of war in which she is a fighter against her enemy, cancer. The starting point for identifying metaphorical expressions is set in the identification stage of analysis. That is, to find the keywords that are used in a metaphorical sense. This lexical unit is the verb *battled*. To match the candidate

metaphor with the conceptual metaphor it represents, the interpretation stage is achieved, where the metaphor keyword *battled* (word: verb form) is associated with the conceptual metaphor disease *is war*. So the source domain of war is understood through the target domain cancer, its implied role is opponent. The specific function the identified metaphor has performed is empowerment. To justify, due to the shared issues between cancer and war, with both there is a struggle and two partners; between the patient and cancer in the war of disease. Metaphor here is the illness-as-fight metaphor. The same war-battled metaphor can have a different function, but in another context, as in "*cancer killed me,"* in which a sense of agency is lost to give a sense of disempowerment as its function.

In Example 23, the woman patient compares her disease to a journey metaphor. Here, cancer (the target domain) is understood through the associated features of journey (the source domain). To apply the triple taxonomy of metaphor analysis (CMA) in detail, the identification stage is manifested by the metaphor keywords or candidate metaphors *ride* and *skewed path*. The two nouns come under the source domain - journey cancer category. In terms of the interpretation stage, cancer is the conceptual metaphor; the target being identified as a *ride* and a *skewed path*. This journey metaphor sheds light on the difficulty of her experience. To conceptualize her emotional-abstract experience with cancer, the patient resorts to a concrete physical object, a ride and a path, since both have features in common. That is, both have a progression, a goal to achieve, an end, with difficulties along the way. By these salient features, the metaphorical entailment is achieved as transferred to the target domain. To identify the functional side, the performed function of the two metaphors is explanatory and descriptive.

Then, in the same example, the patient describes her mental state; her mental disorientation is described as being bewildered along this emotional experience using another journey-based metaphor. It is linguistically realized by the gerund *walking* described by the adjective *dazed.* In terms of function, similarly, the cancer patient employs such metaphorical categories to describe and explain her state, used to familiarize the emotional effect of cancer on her mental state.

5. THE IDEOLOGICAL ANALYSIS: POSITIVE AND NEGATIVE IDEOLOGIES

This part attempts to examine patterns of ideology (i.e., positive and negative ideologies) concealed in the female cancer narratives. Voice of society and culture, which fall under the heading of belief system in the medical context, are considered in this analytical stage. That is, it is through the lens of society and cultural beliefs that positive and negative ideologies are conceptualized. This, then, interprets the experience of cancer within the social world rather than the personal world. To provide a critical thinking or investigation of the lived experience of cancer, *the Nine Cancer Frame* is adopted to reveal underlying patterns of ideology and conflicts in cancer communication. In this paper, cancer and its related pain are analyzed along four frames: personal, symbolic, social, and antagonist. Such frames, in turn, inherently carry ideological patterns (i.e., positive and negative), revealing a complex message behind.

Table 8: The Analysis of Positive and Negative Ideologies in the Cancer Narratives.

Frame	Examples
Personal	"I hate cancer but I love what it has taught me."
Social	"Often, I was too scared to be around my friends and family because I knew my panic attacks would result in something very embarrassing."
Symbolic	"Being a hero when faced with a villain."
Antagonist	"Being a hero when faced with a villain."

Table 8 presents representative examples for each fame. They are predominantly the title of the narratives of pain. To begin, "I hate……" exemplified a personal frame. From the perspective of the woman patients, here, cancer is described as a personal matter. This example carries a theme of empowerment; this, in turn, marks a positive ideology. Then, in its larger context, cancer and its related pain are framed as a social stigma, as appears in Table 8 under the social frame. Here, the patient explains her self-isolation, anticipating shame from others for being in pain. Thus, she withdraws from social relationships. This, then, reflects a pattern of negative ideology.

To proceed with analysis, "being a hero…. villain" is a representative example of two frames, namely symbolic and antagonist. This means that a combination of farms is plausible. To break the example down. This example carries a positive ideology as the theme of empowerment is the

delivered message behind this frame.

Table 9: The Analysis of Positive and Negative Ideologies in the Cancer Narratives.

The Concept of Ideology	
Positive Ideologies	***Negative Ideologies***
No. (%)	**No. (%)**
22 (56.4%)	17(43.6%)
Total	**39 (100%)**

Table 9 shows the counts and percentages for patterns of ideology. Positive ideology gets the high rank, amounting to 22(54.4%), while negative ideology is less frequent, 17 (34.6). This polarity is derived from the themes and messages behind the pain language. Among the common positive themes are: empowerment, rebirth, family support, and fighting and strength. Conversely, the recurrent negative ones are: isolation, fear, failure in coping, and surrender.

6. CONCLUSION AND RECOMMENDATION

The present study arrives at conclusions that mainly match the main theme of the study in the narratives of pain. The study investigates how female cancer patients communicate their inexpressible pain through language. First, pain's inexpressibility is rooted in these subjective narratives. Second, the linguistic analysis unravels gendered pain in the female patients' expressions. Further, the complex nature of pain controls the use of language as the patients aim to deliver a complex message behind their narratives. That is, the inexpressibility of pain limits language in terms of the choice of linguistic resources. Thus, their choices of lexis, verb process types, modal types, and metaphor are not random, but it reflects the impact of pain on their language. For example, the use of war metaphors by all the five patients reflects the lived experience of cancer as an enemy. They try to present their conflict with the disease. Another linguistic evidence is the use of emotional metaphor; for example, *emotional death* that clearly exhibits the inner struggle and the psychological state of the patients. Additionally, the employment of passive and active voice is another implication of surrender or empowerment in the face of the disease.

Furthermore, the findings provide a hint at critical access to cancer being contextualized in a larger context. That is, its social impact. Socially, the women patients show a direct need for support regardless of its source. Furthermore, they express their responsibility in the presence of pain according to gender roles. Additionally, the positive and the negative ideologies related to the lived experience of cancer unravel social norms, cultural beliefs, and frame pain from different axes. Negatively, their ideologies frame cancer and its related pain as a personal problem, stigma, and dominance of pain. While positive ideologies reflect themes of empowerment, resilience, transformation, and others. In short, the complex, subjective, and multifaceted nature of pain shapes and is shaped by language in the selected narratives. These are nor general findings; however, they can serve as an entry point to broader findings in corpus data.

In line with the conclusions arrived at, some recommendations for future research are proposed:

1. Future studies could include health status to reflect the country's policy in this regard as a critical study.
2. A cross-cultural investigation of the role of religions in the health context.
3. In-depth interviews are recommended to explore the inexpressible pain more thoroughly.

REFERNCES

Bourke, J. (2019). Visualizing pain: A history of representations of suffering in medical texts. In B. Jung & S. Bruzzi (Eds.), *Beyond the rhetoric of pain* (pp. 11–34). Taylor & Francis. https://doi.org/10.4324/9780429397851-2.

Braš, M., & Đorđević, V. (2013). Psychosocial aspects of cancer pain. In M. Hanna & Z. Zylicz (Eds.), *Cancer pain* (pp. 211–219). Springer-Verlag. https://doi.org/10.1007/978-0-85729-230-8_16.

Brown, J. S., Amend, S. R., Austin, R. H., Gatenby, R. A., Hammarlund, E. U., & Pienta, K. J. (2023). Updating the definition of cancer. *Molecular Cancer Research*, 21(11), 1142-1147. https://doi.org/10.1158/1541-7786.MCR-23-0411.

Bülow, P. H. (2008). Medical discourse, illness narratives. In L.-C. Hydén & J. Brockmeier (Eds.), *Health, illness and culture: Broken narratives* (pp. 131-142). Routledge https://doi.org/10.1016/B0-08-044854-2/04277-2.

Bury, M., & Monaghan, L. F. (2013). *Illness narratives*. In J. Gabe & L. F. Monaghan (Eds.), Key concepts in medical sociology (2nd ed., p. 84). SAGE Publications Ltd. https://sk.sagepub.com/dict/edvol/key-concepts-in-medical-sociology-second-edition/chpt/illness-narratives.

Charteris-Black, J. (2004). Corpus approaches to critical metaphor analysis. Palgrave Macmillan.https://books.google.com/books/about/Corpus_Approaches_to_Critical_Metaphor_A.html?id=AOWFDAAAQBAJ.

Darnall, B. D. (2019). *Psychological treatment for patients with chronic pain*. American Psychological Association. https://www.apa.org/pubs/books/4317497.

Holmes, M. (2007). *What is gender? Sociological approaches*. SAGE Publications. https://sk.sagepub.com/books/what-is-gender.

Hydén, L.-C., & Brockmeier, J. (Eds.). (2018). *Health, Illness and Culture Broken Narratives.* Routledge.https://www.routledge.com/Health-Illness-and-Culture-Broken- Narratives/Hyden-Brockmeier/p/book/9780415898003.

Jeffries, L. (2010). *Critical stylistics: The power of English*. Palgrave Macmillan. https://www.bloomsbury.com/uk/critical-stylistics-9780333964491.

Jung, B., & Bruzzi, S. (Eds.). (2019). *Beyond the rhetoric of pain*. Routledge. https://www.routledge.com/Beyond-the-Rhetoric-of-Pain/Jung-Bruzzi/p/book/9781032094045.

Jurecic, A. (2012). *Illness as narrative*. University of Pittsburgh Press. https://upittpress.org/books/9780822961901/.

Lascaratou, C. (2007). *The language of pain: Expression or description?* John Benjamins Publishing Company. https://benjamins.com/catalog/celcr.9.

López-Gil, M., et al. (2022). Thematic analysis of illness narratives as an example of an approach to better understand the lived experience of women diagnosed with breast cancer in Spain. BMJ Open, 12(10), e060935. https://doi.org/10.1136/bmjopen-2022-060935.

Merriam-Webster. (n.d.). Merriam-Webster medical dictionary. https://www.merriam-webster.com/medical.

Miglio, N., & Stanier, J. (2022). Beyond pain scales: A critical phenomenology of the expression of pain. *Frontiers in Pain Research*, https://doi.org/10.3389/fpain.2022.895443

Murray, C., von Possel, N., Lie, H. C., & Breivik, J. (2022). *The nine cancer frames: A tool to facilitate critical reading of cancer-related information. Journal of Cancer Education*, *37*(6), 1918–1927. https://doi.org/10.1007/s13187-021-02062-7.

Nørgaard, N., Montoro, R., & Busse, B. (2010). Key terms in stylistics. Continuum.

Simpson, P. (1993) Language, Ideology and Point of View. London: Routledge. https://doi.org/10.4324/9780203136867.

Sluka, K. A. (Ed.). (2016). *Mechanisms and management of pain for the physical therapist* (3rd ed.).https://www.bloomsbury.com/uk/key-terms-in-stylistics-9781441167065/.

Sternbach, R. A. (1968). *Pain: A psychophysiological analysis*. Academic Press: New York Van der Kwaak, A., & Wegelin-Schuringa, M. (Eds.). (2006). *Gender and health: Policy and Practice: A global sourcebook.* KIT (Royal Tropical Institute) & Oxfam GB. https://www.kit.nl/wp-content/uploads/2018/08/923_Gender-and-Health-nw.pdf.

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